

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION			
O.I.P.E. CLASSIFIER	AR	R 45	10/26/00
FORMALITY REVIEW	AR	R 29	11/21/00

INDEX OF CLAIMS

- Rejected  
 - Allowed  
 - (Through numeral) Canceled  
 + Restricted  
 M Non-elected  
 I Interference  
 A Appeal  
 O Objected

Claim	Date	Claim	Date	Claim	Date
1		51		1	
2		52		2	
3		53		3	
4		54		4	
5		55		5	
6		56		6	
7		57		7	
8		58		8	
9		59		9	
10		60		10	
11		61		11	
12		62		12	
13		63		13	
14		64		14	
15		65		15	
16		66		16	
17		67		17	
18		68		18	
19		69		19	
20		70		20	
21		71		21	
22		72		22	
23		73		23	
24		74		24	
25		75		25	
26		76		26	
27		77		27	
28		78		28	
29		79		29	
30		80		30	
31		81		31	
32		82		32	
33		83		33	
34		84		34	
35		85		35	
36		86		36	
37		87		37	
38		88		38	
39		89		39	
40		90		40	
41		91		41	
42		92		42	
43		93		43	
44		94		44	
45		95		45	
46		96		46	
47		97		47	
48		98		48	
49		99		49	
50		100		50	

If more than 150 claims or 10 actions  
staple additional sheet here

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